

*Small Business
Specialist*
**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)
10/089551

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	2					
4		1	1	8		
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TOTAL IND.			2			
TOTAL DEP.	3	8				
TOTAL CLAIMS	4	7				

*	IND.	DEP.	*	IND.	DEP.	*
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